

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

737
State File No.
Registration District No. **318**
Primary Registration District No. **1003**
Registrar's No. **429**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Elizabeth Schmidt**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Late Henry J. Schmidt** 6. (c) Age of husband or wife if alive years **18th** 1864

7. Birth date of deceased **April** (Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **27** If less than one day hr. min.

9. Birthplace **Germany** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Henry Kamp**

13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Anna Mary Ackenpohler**

15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Clement A. Schmidt**
(b) Address **4909 Lansdowne Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-18-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **JAN 15 1943** (Date received local registrar) (b) **J. J. Brudeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4909 Lansdowne Ave.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **14th**
year **1943** hour **9** minute **P.M.**

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to **Cerebral Apoplexy**

Due to **830**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (c) Means of injury

23. Signature (M. D. or other)

Date signed **1/12/43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
, Registered Apprentice No.....
 working under my personal supervision.

Signed

Richard W. Storvick

Licensed Embalmer No.....

4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.